36H-30M-121442 114

APPLICATION TO REGISTER A BIRTH NOT RECORDED AT TIME OF OCCURRENCE

IMPORTANT! This form is to be used only when both parents are dead and the applicant, whose birth is to be recorded, is over 21 years of age. These papers should be carefully read and prepared without alteration or correction, or they will not be accepted.

IN THE MATTER OF THE APPLICATION OF

Frances R. Freedman,

a person over 21 years of age, whose parents are both dead, to have ~~his~~ her birth recorded in the Bureau of Vital Records and Statistics of the Department of Health of the City of New York, pursuant to Section 567 of the New York City Charter, and the Rules of the Board of Health adopted thereunder.

} **PETITION AND AFFIDAVITS**

To the Commissioner of Health:

STATE OF New York }
COUNTY OF New York } ss.:

I, Frances Revine Freedman (Name of applicant) being duly sworn, depose and say:

FIRST: That I am 52 years of age and reside at No. ~~72 N. Belvedere~~ 1820 Ocean N, Brooklyn N.Y. ST Street, City or town of ~~Memphis~~ Brooklyn, County of ~~Shelby~~, State of ~~Tenn~~ New York

SECOND: That my father Max Levine (Name of father), and my mother, whose maiden name was Annie Charney (Maiden name of mother), were married on ....., 1887, at Minsk, Russia (Give name of church or address and Borough, City and State)

THIRD: That my father died on Oct 7, 1937, at Brooklyn (Borough, City and State) New York New York and that my mother died on June 15, 1944, at Brooklyn (Borough, City and State) New York N.Y.

FOURTH: That I was, to the best of my knowledge and belief, born on March 22, 1892, at No. 21 Attorney ST St., in the City of New York, Borough of Manhattan

FIFTH: That a search has revealed that there is no record of my birth on file with the Department of Health of the City of New York, and a "NOT FOUND" statement to that effect, issued by the Bureau of Vital Records and Statistics of said Department, is attached hereto.

SIXTH: *That there was no professional attendant at this birth.
~~*That the name of the professional attendant at this birth is unknown.~~

~~*That~~ ..... (Name of physician or midwife) was the ..... (Physician or Midwife) who attended professionally at this birth.

SEVENTH: ~~*That the certificate of birth submitted herewith was prepared by (the professional attendant) (the Superintendent of the hospital where the child was born).~~

~~*That the professional attendant died on.....~~
*That the professional attendant cannot now be found, although the following search was made:

.....

.....

*Cross out the sentences which do not apply.

N.Y. City 1890 Directory lists Marks Levine tailor at 348 Madison St. and Max Levine tailor 134 Suffolk St. He does not appear in 1888 N.Y.C. Directory or in 1887. Max Levine tailor is listed at 35 Essex St + at I Forsyth St. 1890 Police Census. Evelyn 134 Suffolk St. refers to another family named Lipinski Vol. III-1890 Police Census covering 348 Madison St. - N.Y. City missing MB

ALL CORRESPONDENCE RELATING TO THIS CASE SHOULD BE ADDRESSED TO:

Mrs Frances Freedman (Name)

~~72 N Belvedere Apt H To Butler Memphis Tenn~~ (No.) (Street) (City or town) (State)

Now 1820 Ocean N
Brooklyn N.Y apt 1F

EIGHTH: That my knowledge of the date and place of my birth is based upon the following facts: (a) I fix the date of my birth as March 22, 1892, 19....., because as far as I know that was always the date given in School records etc. The place was always repeatedly told me by my mother.

(b) I fix the place of my birth as 21 Attorney St, New York City N.Y. because in relating birthdays + birth places it was always related as the above address.

NINTH: In support of the statements made in this application, I submit the following documentary proof:

Copy of census record of 1900 Census. My father was naturalized in the Eastern Dist of N.Y. (28-237) June 24, 1902 at that time we were living at 1766 Bimay Brooklyn.

TENTH: I submit this petition, the attached certificate of birth (delayed registration), and documentary proof to induce the Commissioner of Health to cause my birth as stated in said certificate to be recorded in the Bureau of Vital Records and Statistics of the Department of Health.

NOTE: See sheet of instructions for documentary evidence necessary. In paragraph 8 (a) state any incidents which you have always been led to associate in a time relationship with your birth, such as the births of other children, etc.

WHEREFORE, I pray that the application made herein be granted and the certificate of birth (delayed registration) submitted herewith be filed in the Bureau of Vital Records and Statistics of the Department of Health, as provided by law.

STATE OF TENN
COUNTY OF SHELBY }

Sworn to before me this 12th day of December, 1944 }

Frances Freedman

S. Wernagers
Notary Public ~~or Commissioner of Deeds, County of~~

My commission expires Apr. 7, 1946